

PATENT**Atty. Docket No. 11809/10****DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MODELING AND DESIGN OF COUPLED CAVITY LASER DEVICES

the specification of which is attached hereto unless the following is entered:

specification as filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Not Claimed

PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or under §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

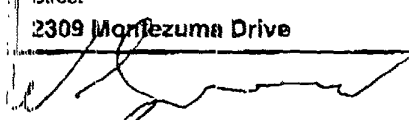
Application Number	Filing Date	Status (patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Shawn W. O'Dowd (Reg. No. 34,687), of KENYON & KENYON with offices located at 333 West San Carlos Street, Suite 600; San Jose, CA 95110; telephone 408.975.7500, as well as the other practitioners associated with Customer Number 25,693.

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Direct telephone calls to: Shawn W. O'Dowd 408.975.7500	Send correspondence to: KENYON & KENYON 333 West San Carlos Street, Suite 600 San Jose, CA 95110
I hereby declare that the statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.	

Full name of first or sole inventor	Last Name Shchegrov	First Name Andrei	Middle Name Vyacheslavovich
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Signature	 Date 12/21/2001		

Full name of second inventor	Last Name	First Name	Middle Name
Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature	Date		

Full name of third inventor	Last Name	First Name	Middle Name
Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature	Date		

Full name of fourth inventor	Last Name	First Name	Middle Name
Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature	Date		